

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | C        |        | 7/12    |
| O.I.P.E. CLASSIFIER       |          | 69055  | 8-14-00 |
| FORMALITY REVIEW          |          | 69055  | 12-5-00 |
| RESPONSE FORMALITY REVIEW |          |        |         |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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